

Automatic Checking Enrollment Request

If you have any questions, please feel free to contact a Customer Service Representative at (530) 876-3340.

Automatic Payment/Checking Withdraw Authorization Agreement

I, the undersigned, hereby authorize Northern Recycling & Waste Services to debit funds from my Checking account, listed below, to pay the waste service bills. I understand that these automatic payments may be cancelled if I notify Northern Recycling & Waste Services prior to a payment running (written statement may be required). I understand that if my payment is declined the payment information will be removed and I will be responsible for making my payment in an alternate manner or correcting the information on file. Declined payments will not be reattempted.

Name of your bank	Your name as shown on financial records		
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Service Address	City	State	Zip Code	Daytime Phone Number
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Name on Northern Recycling & Waste Services Customer Account	22-	Customer Acct#
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Your Signature	Today's Date
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HOW IT WORKS

By enrolling in automatic payments, your financial institution will deduct funds from your checking account to pay your garbage service bills. Your bill will be debited for you automatically. You'll continue to receive your periodic billing statements for your reference, stating that your account is set for automatic withdraw, and to track the amount debited from your checking account and the date it will be debited. You can notify our office if you wish to discontinue your automatic payments for any reason.

HOW TO ENROLL

Complete this form and return it to our office along with an original check marked "VOID" from the checking account you wish debited to **NRWS Po Box 2529 Paradise, Ca. 95967**. Your next bill will show the automatic payment note in the center of the statement, your bank or financial institution will show the appropriate debit on your bank statement.

I, the above signed, hereby authorize Northern Recycling & Waste Services to debit my checking account for all incurred charges relating to the additional residential, commercial and/or debris box services for the below listed addresses.

SERVICE ADDRESS _____ ACCOUNT 22- _____

SERVICE ADDRESS _____ ACCOUNT 22- _____

SERVICE ADDRESS _____ ACCOUNT 22- _____

Payments will be debited from your account on the 2nd Thursday of each billing period.

Residential: 2nd Thursday of the quarter: January, April, July, & October
Commercial/Industrial: 2nd Thursday of Each Month

Automatic Credit Card Enrollment Request

If you have any questions, please feel free to contact a Customer Service Representative at (530) 876-3340.

Re-occurring Credit Card (RCC) Payment Authorization Form

Please complete and sign the charge form below and return to our office at 920 American Way, Paradise, Ca. or via mail to Northern Recycling & Waste Services, LLC. PO Box 2529, Paradise, Ca. 95967. Please be prepared to present or include a copy of your Driver's License, as signature verification is required.

Cardholder Name _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Credit Card Type (select one): VISA _____ MASTERCARD _____

Credit Card # _____

Expiration _____ CVV Code _____ (3 OR 4 DIGIT # ON BACK OF CARD)

Driver's License # _____ Expiration _____

Please include a copy of your Driver's License with this form

I, the undersigned, hereby authorize Northern Recycling & Waste Services to charge my Visa or Master Card for all incurred charges relating to the residential, commercial and/or debris box services for the below listed addresses. I understand that these automatic payments may be cancelled if I notify Northern Recycling & Waste Services prior to a payment running (written statement may be required).

SERVICE ADDRESS _____ ACCOUNT 22-_____

SERVICE ADDRESS _____ ACCOUNT 22-_____

SERVICE ADDRESS _____ ACCOUNT 22-_____

I, the authorized user, understand that if my credit card payment is declined the information will be removed and I will be responsible for making my payment in an alternate manner or correcting the information on file. Declined payments will not be reattempted.

Authorized Card Holder Signature & Date _____

Payments will be debited from your account on the 2nd Thursday
of each billing period.

Residential: 2nd Thursday of the quarter: January, April, July, & October
Commercial/Industrial: 2nd Thursday of Each Month